

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 10/09/2012

0000204646 10/15/12

Number	Line	Vchr	VchrlineDescr	Distr Account	Account	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
00311431	1	I/S meals & lodging		542200	Employee I/S Meals & L	06101	NASH GAYLE-001		2013 10	0000094396	Nash, G. 9.10-9.	520.00
Total For Voucher												520.00

Summary  Invoice Information  Payments  Voucher Attributes  Error Summary 

Business Unit: 66500

Invoice Number: Nash, G. 9.10-9.14.12

Voucher ID: 00311431

Invoice Date: 10/03/2012

Voucher Style: Regular

Total: 520.00

Vendor: NASH, GAYLE C

*Pay Terms: Pay Now  Schedule Payments

Saved

1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

Payment Information

Scheduled Payment: 1

*Remit to: 00000099443 Location: 001 *Address: 1 NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

Gross Amount: 520.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 10/03/2012 

Net Due: 10/03/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N  Messages

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

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Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross 

Match Action

*Status:

Ready ☐ Pay Unmatched Voucher

Transaction Currency

*Source:

Tables 

*Currency: USD

Rate Type: CRRNT 

Exchange Rate:

1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur 

SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

NAME <u>Gayle Nash</u>		CAR LICENSE NUMBER <u>001768</u>	POST OF DUTY <u>Las Cruces</u>	PROPOSED (ADVANCE VOUCHER) ☐
SOCIAL SECURITY NUMBER <u>0000099443</u>		MODEL <u>Nissan</u>	RESIDENCE <u>Las Cruces</u>	ACTUAL (RECOUPMENT VOUCHER) ☒
NORMAL WORK DAY <u>8am</u> TO <u>5pm</u>		YEAR <u>2011</u>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS		
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS
9/10/12	7:00am		Depart Las Cruces to Santa Fe to meet with Cabinet Secretary and Chief Medical Officer Overnight Santa Fe rates apply*				135.00	135.00
9/11/12			Overnight Santa Fe rates apply*				135.00	135.00
9/12/12			Overnight Santa Fe rates apply*				135.00	135.00
9/13/12			Overnight Santa Fe rates apply*				85.00	85.00
9/14/12		7:00pm	Depart Santa Fe to T or C to meet with NMSVH staff Overnight Depart T or C to Las Cruces partial day per diem-12.0 hrs.				30.00	30.00
PER DIEM IS BASED ON (CHECK ONE)				TOTALS				
ACTUAL ☐				520.00				
APPROVED RATES ☒				520.00				

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature _____ Date _____

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

I, Gayle Nash
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X Gayle Nash 9-10-12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	09/07/12	Destination:	Santa Fe & T or C		
	Departure Date: (month/day/yr)	09/10/12	Time:	07:00 AM	Return Date: (month/day/yr)	9/14/12
					Time:	07:00 PM
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 520.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash 9-28-2012
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator Date
(As per specific division requirements)

Belinda M. [Signature] 9/28/12
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)